Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 OTHER THAN **CLAIMS AS FILED -- PART I** OR SMALL ENTITY SMALL ENT!TY (Column 2) (Column 1) RATE NUMBER FILED **NUMBER EXTRA FOR** BASIC FEE OR (37 CFR 1.16(a)) TOTAL CLAIMS OR (37 CFR 1.16(c)) minus 20 = INDEPENDENT CLAIMS OR minus 3 = (37 CFR 1.16(b)) OR **MULTIPLE DEPENDENT CLAIM PRESENT** (37 CFR 1.16(d)) OR TOTAL * If the difference in column 1 is less than zero, enter "0" in column 2. TOTAL CLAIMS AS AMENDED - PART II OTHER THAN OR (Column 3) SMALL ENTITY SMALL ENTITY (Column 2) (Column 1) , CLAIMS. REMAINING HEGHES! A DEMOCRACIE TO THE CASE 24 24 PRÉSENT ADDI-RATE JUMBER-TIONAL TIONAL **EXTRA PREVIOUSLY** IENT **AFTER** FEE FEE AMENDMENT PAID FOR Minus Total (37 CFR 1.16(c)) MENDM OR Minus OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL OR ADD'L FEE ADD'L FEE (Column 2) (Column 3) (Column 1) HIGHEST CLAIMS RATE ADDI-PRESENT RATE ADDI-8 NUMBER REMAINING TIONAL **EXTRA** TIONAL PREVIOUSLY AFTER FEE AMENDMENT FEE PAID FOR Total (37 CFR 1.16(c)) Minus ENDMI OR Independent (37 CFR 1.16(b)) OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL OR ADD'L FEE ADD'L FEE (Column 2) (Column 3) (Column 1) CLAIMS HIGHEST PRESENT RATE ADDI-RATE ADDI-O REMAINING NUMBER TIONAL: **EXTRA** TIONAL ENT **PREVIOUSLY AFTER** FEE PAID FOR FEE AMENDMENT Total Minus ENDMI OR (37 CFR 1.16(c)) Minus OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL ADD'L FEE OR ADD'L FEE • If the entry In column 1 is less than the entry in column 2, write "0" in column 3.
• If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
• If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

| CLAIMS AS FILED - PART I (Column 1) (Column 2) | | | | | | | | | SMALL ENTITY TYPE | | | OTHER THAN OR SMALL ENTITY | |
|---|--|---|--------------|-------------------------------|----------------------|------------------|----------|---------------------|------------------------|----|---------------------|-------------------------------|--|
| TOTAL CLAIMS | | | 4 | | | | I | RATE | FEE | | RATE | FEE | |
| FOR | | | NUMBER FILED | | NUMBER EXTRA | | | BASIC FEE | 375.00 | OR | BASIC FEE | 750.00 | |
| TOTAL CHARGEABLE CLAIMS | | | 4 minus 20= | | • | | | X\$ 9= | | OR | X\$18= | | |
| INDEPENDENT CLAIMS | | | | minus 3 = | | | | X42= | | ÓЯ | X84= | | |
| MULTIPLE DEPENDENT CLAIM PRESENT | | | | | | | | +140= | | OR | +280= | | |
| * If the difference in column 1 is less than zero, enter "0" in column 2 | | | | | | | ŧ | TOTAL | | OR | TOTAL | | |
| CLAIMS AS AMENDED - PART II | | | | | | | | | | ٠ | OTHER | THAN | |
| (Column 1) | | | (Colum | | 210 97 100 100 | | | SMALL | ENTITY | OR | SMALL | | |
| AMENDMENT A | | CLAIMS REMAINING . AFTER AMENDMENT | | HIGH NUM PREVIO PAID | BER DUSLY | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | |
| | Total | * | Minus | ** | | = | | X\$ 9= | | OR | X\$18= | | |
| | Independent | * | Minús | *** | | - | | X42= | | OR | X84= | | |
| | FIRST PRESE | NTATION OF MU | JUNPLE DEF | ENDEN | CLAIM | | , | +140= | | OR | +280= | | |
| | | | | | | | 1 | TOTAL | | OR | TOTAL | | |
| ADDIT. FEEOF ADDIT. FEE ADDIT. FEE ADDIT. FEE ADDIT. FEE ADDIT. FEEOF ADDIT. FEE ADIT. FEE ADDIT. FEE ADDIT. FEE ADDIT. FEE ADDIT. FEE ADDIT. FEE AD | | | | | | | | | | | | | |
| AMENDMENT B | | CLAIMS REMAINING AFTER AMENDMENT | | HIGH NUM PREVIO PAID | IEST BER DUSLY | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | |
| | Total . | | Minus | ** | | = | | X\$ 9= | | OR | X\$18= | | |
| | Independent | * | Minus | *** | | = | | X42= | · | OR | X84= | • | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | +140= | | OR | +280= | | |
| | | | | | | | | TOTAL ADDIT, FEE | | OR | TOTAL ADDIT. FEE | | |
| | | . (Column 1) | | (Colu | mn 2) | (Column 3) | | -0011.7 221 | , | | ADDII. I CL. | | |
| AMENDMENTC | | CLAIMS REMAINING AFTER AMENDMENT | | HIGH NUM PREVIO PAID | IEST BER OUSLY | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | |
| | Total | * | Minus . | ** | | = | П | X\$ 9= | | OR | X\$18= | | |
| | Independent | ATATION OF ME | Minus | *** | F CI AD : | | 11 | X42= | | OR | X84= | | |
| <u> </u> | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | +140= | | OR | +280= | | |
| - ** ** | * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "3." ***If the "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. | | | | | | | | | | | | |

<u>and the state of </u>